

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

EASTERN DISTRICT OF TEXAS

Case number *(if known)*Chapter 11☐ Check if this an amended filing

## Official Form 201

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name ADC Health Care Services, Inc.

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 73-1674663

4. Debtor's address Principal place of business

9304 Forest Lane  
Dallas, TX 75243-6238

Number, Street, City, State &amp; ZIP Code

Dallas

County

Mailing address, if different from principal place of business

1523 Summerside Drive  
Allen, TX 75002

P.O. Box, Number, Street, City, State &amp; ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State &amp; ZIP Code

5. Debtor's website (URL) \_\_\_\_\_

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))☐ Partnership (excluding LLP)☐ Other. Specify: \_\_\_\_\_

Debtor **ADC Health Care Services, Inc.**  
Name

Case number (if known)

**7. Describe debtor's business****A. Check one:**

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

**B. Check all that apply**

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

**C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.**  
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

**8. Under which chapter of the Bankruptcy Code is the debtor filing?****Check one:**

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. **Check all that apply:**

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**☒ No.☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**☒ No☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor **ADC Health Care Services, Inc.**  
Name

Case number (if known)

**11. Why is the case filed in this district?***Check all that apply:*

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (*Check all that apply.*)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? \_\_\_\_\_

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other \_\_\_\_\_**Where is the property?** \_\_\_\_\_

Number, Street, City, State &amp; ZIP Code

**Is the property insured?**☐ No☐ Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

**Statistical and administrative information****13. Debtor's estimation of available funds***Check one:*

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

**14. Estimated number of creditors**☒ 1-49☐ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☒ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☒ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **ADC Health Care Services, Inc.**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signatures****WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **April 12, 2016**  
MM / DD / YYYY**X /s/ Desmond Imoh**

Signature of authorized representative of debtor

**Desmond Imoh**

Printed name

Title **President****18. Signature of attorney****X /s/ Eric A. Liepins**

Signature of attorney for debtor

Date **April 12, 2016**

MM / DD / YYYY

**Eric A. Liepins**

Printed name

**Eric A. Liepins P.C.**

Firm name

**12770 Coit Road  
Suite 1100  
Dallas, TX 75251**

Number, Street, City, State &amp; ZIP Code

Contact phone **972-991-5591**Email address **eric@ealpc.com****12338110**

Bar number and State

**Fill in this information to identify the case:**

Debtor name **ADC Health Care Services, Inc.**  
 United States Bankruptcy Court for the: **EASTERN DISTRICT OF TEXAS**  
 Case number (if known): \_\_\_\_\_

☐ Check if this is an  
 amended filing

**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
American Express PO Box 360001 Fort Lauderdale, FL 33360						\$4,572.29
American Express PO Box 360001 Fort Lauderdale, FL 33336-0001						\$3,837.63
Bank of America PO Box 15019 Wilmington, DE 19886-5019						\$6,719.40
Bank of America PO Box 15019 Wilmington, DE 19886-5019						\$2,460.17
Capital One 201 St. Charles Ave 16th New Orleans, LA 70130						\$2,507.10
Chase Bank PO Box 94014 Palatine, IL 60094-4014						\$4,001.16
Core Business Finance 1501 Broadway, Suite 360 New York, NY 10036						\$60,120.00
Dell 1 Dell Way Round Rock, TX 78682						\$3,725.82
Desmond Imoh 1523 Summerside Dr. Allen, TX 75002						\$80,000.00

Debtor **ADC Health Care Services, Inc.**

Case number (if known)

Name

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Discover Card 15910 Midway Rd. Addison, TX 75001						\$4,756.12
Frys Electronics 600 East Brokaw San Jose, CA 95112						\$0.00
GRP Financial, LLC 1350 Main Street One Financial Plaza Springfield, MA 01103						\$180,835.95
Home Depot PO Box 9001010 Louisville, KY 40290						\$2,500.00
IRS 1100 Commerce Mail Code 5027 Dallas, TX 75242						\$260,000.00
McKesson 8121 10th Ave. Minneapolis, MN 55427						\$0.00
Sam's Club PO Box 530930 Atlanta, GA 30353-0930						\$0.00
Staples PO Box 790439 Saint Louis, MO 63179						\$1,301.28
Turbopas 9207 Country Creek Dr., Ste. 201 Houston, TX 77036-7703						\$2,500.00
Wells Fargo PO Box 29482 Phoenix, AZ 85038						\$3,642.92

American Express  
PO Box 360001  
Fort Lauderdale, FL 33336-0001

Bank of America  
PO Box 15019  
Wilmington, DE 19886-5019

Capital One  
PO Box 360001  
Fort Lauderdale, FL 33336-0001

Chase Bank  
PO Box 94014  
Palatine, IL 60094-4014

Core Business Finance  
1501 Broadway, Suite 360  
New York, NY 10036

Dell  
1 Dell Way  
Round Rock, TX 78682

Desmond Imoh  
1523 Summerside Dr.  
Allen, TX 75002

Discover Card  
15910 Midway Rd.  
Addison, TX 75001

Frys Electronics  
600 East Brokaw  
San Jose, CA 95112

GRP Financial, LLC  
1350 Main Street  
One Financial Plaza  
Springfield, MA 01103

Home Depot  
PO Box 9001010  
Louisville, KY 40290

Internal Revenue Service  
600 Arch St., Ste. 1507  
Philadelphia, PA 19106

IRS  
1100 Commerce  
Mail Code 5027  
Dallas, TX 75242

IRS Revenue Office  
Leon Sanders  
4050 Alpha Road  
MC 5120 NDAL  
Dallas, TX 75244

McKesson  
8121 10th Ave.  
Minneapolis, MN 55427

Sam's Club  
PO Box 530930  
Atlanta, GA 30353-0930

Staples  
PO Box 790439  
Saint Louis, MO 63179

Turbopas  
9207 Country Creek Dr., Ste. 201  
Houston, TX 77036-7703

Wells Fargo  
PO Box 29482  
Phoenix, AZ 85038



**United States Bankruptcy Court  
Eastern District of Texas**

In re **ADC Health Care Services, Inc.**

Debtor(s)

Case No.

Chapter

**11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **ADC Health Care Services, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

**April 12, 2016**

Date

**/s/ Eric A. Liepins**

**Eric A. Liepins 12338110**

Signature of Attorney or Litigant

Counsel for **ADC Health Care Services, Inc.**

**Eric A. Liepins P.C.**

**12770 Coit Road**

**Suite 1100**

**Dallas, TX 75251**

**972-991-5591 Fax:972-991-5788**

**eric@ealpc.com**